



SERVICE AGREEMENT AND INFORMED CONSENT

Services Offered

Heather Batalden provides services specifically designed to help you and/or your child, or otherwise provide you with referrals to other professionals. My current clinical and behavioral services consist primarily of Telehealth behavioral support and consultation. Collaboration with other providers is an integral part of successful treatment. At times it may be necessary for me to consult with other professionals involved in your child's treatment. A release of information form will be completed and signed by you prior to any consultation or discussion about your child.

Approach

Heather's approach to treatment is based on training in counseling psychology, applied behavior analysis, and Parent-Child Interaction Therapy.

My approach has been described as warm, but direct and focuses on:

- Understanding the balance between positive behavioral change and consistent implementation of behavioral strategies.
- Working to better understand the function of behaviors as they relate to a diagnosis, interpersonal or family system, and or environment.
- Focusing on skill-building and will at times require homework
- Tailoring treatment to meet the needs of the whole family and improve the interactions of all family members, not just the identified client.
- Recognizing your child and family's strengths and building upon them.

Appointments

Heather Batalden currently sees California clients Tuesday-Thursday and due to special circumstances may choose to see clients on other days. Telephone messages can be left and will be returned as soon as possible. Email is the preferred way to reach Heather Batalden. Please note that lengthy calls or email exchanges beyond 10 minutes will be billed at the clinician's hourly rate. **Please avoid text messages as these can be missed and are not confidential.**

Cancellations

Treatment sessions require a 48-hour notice for cancellation to avoid paying for the session. There is no charge for sudden illness, but ample notification should be provided in the event a session needs to be canceled.



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Confidentiality, Records, and Release of Information

All written records and information disclosed during sessions are kept confidential. I will not share any information provided to me without your written permission.

There are some exceptions to patient confidentiality. Under California State Law, some of the circumstances include court orders for information; suspicion of child, dependent, or elder abuse and/or neglect, and where a client poses a threat to the safety of self or others. If it is necessary to release information due to such circumstances, every effort will be made to first discuss the situation with you prior to the release of the information.

Evaluation Process

As part of treatment evaluation or observation may be necessary. Heather Batalden will select evaluation tools and methods (direct observation, questionnaires, interview, play assessment, standardized tests, or assessments) in light of the referral questions and will inform you of the nature and purpose of the assessment tools to be used. Following the evaluation, Heather Batalden will meet with you to share the general results of the evaluation and provide recommendations about your child's needs for further services. Please note that any requested report or write-up following an assessment is billed at the hourly rate and will take up to four weeks to complete.

Treatment and Rates

A 60-90 minute intake session will precede any treatment. Intake sessions typically will include a clinical meeting with caregivers and an observation of you and your child in the home or school setting. We will make this determination together.

Billing is processed automatically at the end of each month via the secure portal. You will receive an invite to the client portal via email. Please be sure to save your log-in information as clients report that it is difficult to retrieve once it is lost. You will be required to place a credit card on file via the portal to begin services. Credit cards will be billed following the final session of the month.

If a school and/or community observation is requested as part of an evaluation, this observation may be scheduled prior to our intake appointment. Scheduling this observation prior to the intake appointment will better ensure accurate observation of your child free of reactivity. Heather Batalden will work with you and the appropriate parties to determine the day, time, length, and frequency of these observations.

Observations will be done in the least intrusive manner possible and results of the observation or discussion of the observation will not be shared with anyone on the date



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of the observation. A follow-up meeting or phone call will be necessary to discuss the observation with the site observed.

During the treatment period, I will work together to develop goals that best meet the needs of your child and your family. I may work together or meet separately with parents, caregivers, siblings, and/or the child at any time during the course of treatment. Parents and/or caregivers will be active participants in all interventions.

The billable rate for treatment is **\$300/hour**. The treatment rate includes a 50-minute session and 10 minutes of time for session documentation.

Because behavioral consultation is an active process between myself and the family, time is available during the session for short discussion, questions, or updates. If additional time is needed for a lengthier discussion a separate session or phone consultation can be scheduled at the clinician's rate.

Please note that all written reports, materials developed for the purpose of treatment, attendance at meetings, and collaboration with other providers are considered billable time at the hourly rate.

Treatment will be terminated once we jointly decide that you or your child has made satisfactory progress with treatment goals. If you decide to terminate treatment we will discuss the decision to ensure an appropriate termination plan can be determined. Check-in and follow-up sessions will be available ongoing as needed for clients following termination of treatment.

Payment

Payments will process automatically following the final session of the month via the online patient portal. A credit card will be placed on file and charged generating an automatic superbill that can be submitted as part of an out-of-network provider insurance claim.

Insurance Reimbursement

If you plan to request reimbursement from your insurance, please understand that you should check your coverage carefully and contact your plan administrator with questions. **Heather Batalden does NOT contract directly with any insurance company and I do not accept payment from insurance companies.** Most families choose to submit their service invoices for reimbursement from their insurance company utilizing their out-of-network benefit. **Please note that Heather Batalden will not advise or answer specific questions related to reimbursement or insurance**



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coverage for services. Heather Batalden will not phone insurance companies for authorization nor consult with insurance companies on single case agreements. Please ensure the billing codes we discussed are covered as re-issuance of invoices will not be possible unless there is a clinician error.

Consent for the Treatment of Minor Children

Direct therapeutic services generally require the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of a guardian to give consent for services, Heather Batalden will require the guardian to submit supporting legal documentation prior to the commencement of services.

Patient Bill of Rights

You have the right to:

Request and receive full information about the therapist's professional capabilities, including licensure, education, training, experience, professional association membership, specialization, and limitations.

Have written information about fees, method of payment, insurance reimbursement, number of sessions, substitutions (in cases of vacation and emergencies), and cancellation policies before beginning therapy.

Receive respectful treatment that will be helpful to you.

A safe environment, free from sexual, physical, and emotional abuse. Ask questions about your therapy.

Refuse to answer any question or disclose any information you choose not to reveal.

Request that the therapist inform you of your progress.

Know the limits of confidentiality and the circumstances in which a therapist is legally required to disclose information to others.

Refuse a particular type of treatment or end treatment without obligation or harassment.

Refuse electronic recording (but you may request it if you wish).

Request and (in most cases) receive a summary of your file, including the diagnosis, your progress, and type of treatment

Report unethical and illegal behavior by a therapist

Receive a second opinion at any time about your therapy or therapist's methods.

Request the transfer of a copy of your file to any therapist or agency you choose.

source: California Department of Consumer Affairs



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ALTERNATE MEANS OF COMMUNICATION CONSENT

Please check the appropriate box and initial to indicate that you have read and understand the following:

I _____ authorize Heather Batalden to email, text, or voicemail me regarding appointment times and/or to exchange clinical information, as needed. By initialing this section you are aware of and authorize me to potentially send information that may be read or listened to by unauthorized persons, groups, companies, or government agencies that Heather Batalden does not control or may not know of reading or listening to such information shared via these modes of communication. Please note: by not authorizing these methods of communication we are left with traditional US mail to communicate information.

Your signature(s) below indicates that you have read the information in this document and agree to be bound by its terms.

By signing this contract, I agree to the terms and conditions outlined above and authorize Heather Batalden to provide assessment and/or treatment services to my child and/or family. Furthermore, I agree to the financial responsibility for all services rendered per the terms described above.

Client or Child's name:

Client or Child's Date of Birth:

Parent/Guardian Name:

Parent/Guardian Signature:

Parent/Guardian Name:

Parent/Guardian Signature: